

**DIAGNOSTIC MISADMINISTRATION REPORT**

|                          |  |          |  |                 |     |             |       |
|--------------------------|--|----------|--|-----------------|-----|-------------|-------|
| Licensee name            |  |          |  | Licensee number |     |             |       |
| Address (number, street) |  |          |  | Event date      |     | Report date |       |
| City                     |  | ZIP code |  | Month           | Day | Year        | Month |
|                          |  |          |  |                 |     |             |       |

|  |  |  |                             |   |              |                    |                |
|--|--|--|-----------------------------|---|--------------|--------------------|----------------|
| <b>Type of Misadministration</b>   |  | Did the misadministration involve an isotope of iodine |                             | Number of patients who received a misadministration under this report |              |                    |                |
| <input type="checkbox"/> Wrong radiopharmaceutical   | <input type="checkbox"/> Dosage differing from prescribed by 50% | <input type="checkbox"/> Yes                           | <input type="checkbox"/> No |   |              |                    |                |
| <input type="checkbox"/> Wrong patient   | <input type="checkbox"/> Wrong route                             |  |                             |   |              |                    |                |
| <b>Intended</b>  |  | <b>Intended</b>  |                             | <b>Given</b>  |              |                    |                |
| <input type="checkbox"/> No clinical procedure   | <input type="checkbox"/> Ultrasound                              | <b>Millicuries</b>                                     | <b>Isotope</b>              | <b>Chemical Form</b>  | <b>Study</b> | <b>Millicuries</b> | <b>Isotope</b> |
| <input type="checkbox"/> Nuclear medicine study (Complete "Intended" and "given" sections) | <input type="checkbox"/> CT study                                |  |                             |   |              |                    |                |
| <input type="checkbox"/> X-ray study   | <input type="checkbox"/> NMR study                               |  |                             |   |              |                    |                |
|  | <input type="checkbox"/> Other                                   |  |                             |   |              |                    |                |

|  |  |  |  |
|--|--|--|--|
| <b>Precipitator</b>                          |  |  |  |
| <input type="checkbox"/> Referring physician |  | <input type="checkbox"/> Authorized user         |  |
| <input type="checkbox"/> Ward nurse          |  | <input type="checkbox"/> Hot Lab technologist    |  |
| <input type="checkbox"/> Ward clerk          |  | <input type="checkbox"/> Imaging technologist    |  |
| <input type="checkbox"/> Nuclear pharmacy    |  | <input type="checkbox"/> Clinical receptionist   |  |
| Name of nuclear pharmacy                     |  | <input type="checkbox"/> Scheduling technologist |  |
| City   |  | <input type="checkbox"/> Patient                 |  |
| State  |  | <input type="checkbox"/> Other:                  |  |

|  |  |  |  |                                  |  |              |  |
|--|--|--|--|----------------------------------|--|--------------|--|
| <b>Hot Lab</b>   |  | <b>Referral</b>  |  | <b>Administration</b>            |  | <b>Other</b> |  |
| <input type="checkbox"/> Mislabeled a syringe                      | <input type="checkbox"/> Selected wrong vial when drawing dosage           | <input type="checkbox"/> Misunderstood referring physician's request | <input type="checkbox"/> Selected wrong patient                                | <input type="checkbox"/> Specify |  |              |  |
| <input type="checkbox"/> Mislabeled a vial or vial shield          | <input type="checkbox"/> Set dose calibrator improperly                    | <input type="checkbox"/> Requested wrong study                       | <input type="checkbox"/> Answered waiting room page intended for other patient |                                  |  |              |  |
| <input type="checkbox"/> Reconstituted wrong reagent kit           | <input type="checkbox"/> Misread dose calibrator                           | <input type="checkbox"/> Requested study for wrong patient           | <input type="checkbox"/> Brought wrong patient to clinic                       |                                  |  |              |  |
| <input type="checkbox"/> Placed reconstituted vial in wrong shield | <input type="checkbox"/> Misunderstood radiopharmaceutical or dosage order |  | <input type="checkbox"/> Selected wrong syringe from dosage cart               |                                  |  |              |  |

|  |  |  |   |
|--|--|--|---|
| <b>Contributing Factors</b>                                |  | <b>Action Taken to Prevent Recurrence</b>                          |   |
| <input type="checkbox"/> Student technologist              | <input type="checkbox"/> Requisition not checked   | <input type="checkbox"/> Implement new procedures for:             | <input type="checkbox"/> Improve supervision of personnel |
| <input type="checkbox"/> New employee                      | <input type="checkbox"/> Patient chart not checked | <input type="checkbox"/> Verification of request                   | <input type="checkbox"/> No action                        |
| <input type="checkbox"/> Foreign language                  | <input type="checkbox"/> New procedure             | <input type="checkbox"/> Radiopharmaceutical labeling and handling | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Patient incoherent or unconscious | <input type="checkbox"/> Heavy workload            | <input type="checkbox"/> Verification of patient identification    |   |
| <input type="checkbox"/> ID bracelet not checked           | <input type="checkbox"/> Other                     | <input type="checkbox"/> Reinstruct personnel                      |   |
|  |  | <input type="checkbox"/> Reprimand personnel                       |   |

|                           |  |                                       |
|---------------------------|--|---------------------------------------|
| <b>Effect on Patients</b> | <input type="checkbox"/> None apparent | <input type="checkbox"/> See abstract |
|---------------------------|--|---------------------------------------|

**Abstract** (If more space is required, attach additional sheets.)

|                                  |           |                  |       |
|----------------------------------|-----------|------------------|-------|
| Radiation Officer (printed name) | Signature | Telephone number | Dated |
|                                  |           |                  |       |